State of New Mexico         State of New Mexico         DENTRY IN INCLOSER VATION DIVISION         RECEIVED       Received it is to state of New Mexico         RECEIVED       Received it is to state of New Mexico         DIMACTION DIVISION INCLOSER VATION DIVISION NO.2008         MAY - 8 1992         OIL CONSERVATION DIVISION NO.2008         DIVISION PLOTACING MAY - 8 1992         OIL CONSERVATION DIVISION NO.2008         DIVISION PUBBLO OPERATING         TO TRANSPORT OIL AND NATURAL GAS         Well ADD OPERATING         Address         ROSWELL NEW MEXICO 88202         Recomptation operating operating of the program operating operat		<u> </u>			-*.				1	e14) 7
District Halls Rd, Aste, NM 8710       REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         Operator       PUEBLO OPERATING       Well AND NATURAL GAS         Addrest       P.O., BOX 8249       ROSWELL, NEW MEXICO 88202         Reserved, for Filing Check proper box)       Due of Place explain       Well AN No.         Addrest       D.O., BOX 8249       ROSWELL, NEW MEXICO 88202         Reserved, for Filing Check proper box)       Due of Due of Due of Due of Place explain       Due of Place explain         New Well       Change in Transporter of:       Due of Place explain       Rosenatory of Place Explanation         Reserved, for Place Experiment Bits       Calangheed Gas       Cale Condensate       Kind of Laser       Laser No.         It of page of pervised are served.       CIBOLA EERERY CORPORATION P.O. BOX 1668       ALBUQUERQUE, NM 87103       Laser No.         Loceline       Well Nin Col Name, including Pormation       Kind of Laser       Laser No.         Section 17       Township       OS       Range 28E       NMPM, CHAVES       Laser No.         Name of Authorized Transporter of Osti KZ)       or Condensate       P.O. BOX 8249       ROSWELL, NM 88202         Name of Authorized Transporter of Osti KZ)       or Condensate       P.O. BOX 8249       ROSWELL, NM 88202         Name of Authorized Transporter	Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CO	Ural Resources Department			AY - 8 1!	Revise See In at Bot 992	Revised 1-1-89 See Instructions at Bottom of Page	-	
PUEBLO OPERATING         Addrest         P.O., BOX 8249       ROSWELL, NEW MEXICO 88202         Research() for Filing (Create proper bac)       Ditter (Please explain)         New Weil       Change in Transporter of: Change in Operator       Other (Please explain)         New Weil       Change in Stransporter of: Change of operator give name and address of perivical operator       CIBOLA ENERGY CORPORATION       P.O. BOX 1668       ALBUQUERQUE, NM 87103         Ito design of operator give name and address of perivical operator       CIBOLA ENERGY CORPORATION       P.O. BOX 1668       ALBUQUERQUE, NM 87103         I.D. PSCRIPTION OF WELL AND LEASE Lesse Name       CIBOLA ENERGY CORPORATION P.O. BOX 1668       ALBUQUERQUE, NM 87103       Lases NA.         Unit Letter       M       : 330       Foot Name, including Formation State, Prederil Timo of the WEST       Lases NA.         Section       17       Township       IOS       Range       28E       , NMPM,       CHAVES       Country         Name of Authoride Transport of Oth KX       Concentration       Matter Line and       990       Peet From The WEST       Line and       PO.       BOX 8249       ROSWELL, NM 88202         Name of Authoride Transport of Oth KX       Condensate       Or Dry Ota       Address (Give address to which approved copy of this form is to be send)         PUEBLO <td< td=""><td>1000 Rio Brazos Rd., Azlec, NM 87410</td><td>REQUEST FOR</td><td>BLE AND</td><td>AUTHORI</td><td>ZATION</td><td></td><td></td><td></td><td></td></td<>	1000 Rio Brazos Rd., Azlec, NM 87410	REQUEST FOR	BLE AND	AUTHORI	ZATION					
P.O., BOX 8249       ROSWELL, NEW MEXICO 88202         Restoc(4) for Filing (Check proper back)       Change is Transporter of:         New Well       Change is Transporter of:         Recompletion       Cil       Dry Gas         If change of operator give name       CIEOLA ENERGY CORPORATION       P.O. BOX 1668         If change of operator give name       CIEOLA ENERGY CORPORATION       P.O. BOX 1668       ALEUQUERQUE, NM 87103         If change of operator give name       CIEOLA ENERGY CORPORATION P.O. BOX 1668       ALEUQUERQUE, NM 87103       III.         If change of operator give name       CIEOLA ENERGY CORPORATION P.O. BOX 1668       ALEUQUERQUE, NM 87103       III.         If change of operator give name       CIEOLA ENERGY CORPORATION P.O. BOX 1668       ALEUQUERQUE, NM 87103       III.         III. DESCHIPTION OF WELL AND LEASE       Name of Authorized Transporter of Oil       Race TRACK SAN ANDRES       Size, Freen The WEST       Lises NA         Location       Unit       III. DESCHIPTION OF TRANSPORTER OF OIL AND NATURAL GAS       Address (five address to which approved copy of this form is to be seeu)         Name of Authorized Transporter of Classinghead Gas       or Drobe gas challey commuted (five address to which approved copy of this form is to be seeu)         If well produces oil or liquids, inter tesse or pool, give commangling order number:       IV. COMPLETION DATA         Desi	PUEBLO OPERATING	Weil			API No.					
Lesse Name CB Plains       Weil No.       Pool Name, including Formation RACE TRACK SAN ANDRES       Kind of Lesse State, Pederal of Fee       Lase No.         Location       3       RACE TRACK SAN ANDRES       State, Pederal of Fee       Lase No.         Unit Letter       M       : 330       Feet From The SOUTH       Line and 990       Peet From The WEST       Line         Section       17       Township       10S       Range       28E       NMPM, CHAVES       County         Name of Auborized Transporter of Oil PUEBLO       PETROLEUM, INC.       Address (Give address to which approved copy of this form is to be sent)       P.O.       BOX 8249       ROSNELL, NM 88202         Name of Auborized Transporter of Casinghead Osa       or Or Dry Osa       Address (Give address to which approved copy of this form is to be sent)       P.O.       BOX 8249       ROSNELL, NM 88202         Name of Auborized Transporter of Casinghead Osa       or Dry Osa       Is gas actually coanacted?       Whes 7         Viet location of tanka.       Uait       Sec.       Twp.       Rgs.       Is gas actually coanacted?       Whes 7         V. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back Same Ret'v       Diff Ret'v         Designate Type of Completion - (X)       Date Compl. Ready to Prod.	P_O_BOX 8249 Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name OTDO	Change in Trat Oil I Dry Casinghead Gas Co	nsporter of: y Gas ndensate	[] Oth	· · ·		RQUE, NM	1 87103	3	
Section       17       Township       10S       Range       28E       , NMPM,       CHAVES       Country         III, DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       fX       or Condensate       Address (Give address to which approved copy of this form is to be sent)         PUEBLO PETROLEUM, INC.       Address (Give address to which approved copy of this form is to be sent)       P.O. BOX 8249       ROSWELL, NM 88202         Name of Authorized Transporter of Casinghead Gas       or Dry Oss       Address (Give address to which approved copy of this form is to be sent)         If well produces oil or liquids, unit is commingling order aumotics       M       17       IOS       28e         If this production is commutagled with that from any other lease or pool, give commingling order number:       When 7       When 7         IV. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res'v       Diff Res'v         Dase Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       Elevations       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         CASING & TUBING SIZE       DEPTH SET <t< td=""><td colspan="3">II. DESCRIPTION OF WELL AND LEASE           Lesse Name         Well No.           CB Plains         3</td><td colspan="3"></td><td></td><td><b>N</b>  </td><td>Lease No.</td><td>]</td></t<>	II. DESCRIPTION OF WELL AND LEASE           Lesse Name         Well No.           CB Plains         3							<b>N</b>	Lease No.	]
Name of Authorized Transporter of Oil       EX       or Condensate       Address (Give address to which approved copy of this form is to be sew!)         PUEBLO PETROLEUM, INC.       P.O. BOX 8249       ROSWELL, NM 88202         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be sew!)         If well produces oil or liquids, jive location of tanks.       Unit       Sec.       Twp.       Rgs.       Is gas actually connected?       When 7         If this production is commingled with that from any other lease or pool, give commingling order number:       IV. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back Same Ret'Piff Ret'Pif		105	005				et From The .	WEST	_	
pive locition of lanks.       M     17     10S     28e       If this production is commingled with that from any other lease or pool, give commingling order number:     IV. COMPLETION DATA       Designate Type of Completion - (X)     Oil Well     Gas Well     New Well     Workover     Deepen     Plug Back     Same Res'v     Diff Ret'v       Date Spudded     Date Compl. Ready to Prod.     Total Depth     P.B.T.D.       Elevations (DF, RKB, RT, GR, etc.)     Name of Producing Pormation     Top Oil/Gas Pay     Tubing Depth       Perforations     Depth Casing Shoe       TUBING, CASING AND CEMENTING RECORD       HOLE SIZE     CASING & TUBING SIZE     DEPTH SET     SACKS CEMENT       V. TEST DATA AND REQUEST FOR ALLOWABLE     Oild woll and must be equal to or exceed top allowable for this depth or be for full 24 hours.)     Onder find 24 hours.)       Ohle Well, (Test must be after recovery of total volume of load oil and must be equal to (Flow, pump, gar lift, etc.)     Producing Method (Flow, pump, gar lift, etc.)	Name of Authorized Transporter of Oil PUEBLO PETROLEUM, INC.	or Condensate		Address (Gin P.O. BO	X 8249	ROSWEI	LL, NM	88202	<u>.</u>	
IV. COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res'v       Diff Re'v         Date Spudded       Date Completion - (X)       Date Completion Producing Formation       Total Depth       P.B.T.D.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       Oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)         Date Oil New Oil Rue To Tank       Date of Test       Producing Method (Flow, pump, gas life, etc.)	give location of tanks.	M 17 1				?				
Designate Type of Completion - (X)										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date of Test Producing Method (Flow, pump, gat lift, etc.)		· (X)			Workover	Dcepen		Same Res'v	Diff Res'v	
Perforations  Perforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date of Test Producing Method (Flow, pump, gas lift, etc.)	•									
HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE		Name of Producing Format								
HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE			SING AND	CEMENTI	IG RECOR	D			•	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	HOLE SIZE					SACKS CEMENT				
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Lenvih of Test Dubing Pressure Casing Pressure Choke Size	OIL WELL (Test must be after re	ecovery of total volume of lo		be equal to or	exceed top allo	wable for this	e depih or be j	fo <del>r</del> full 24 ho	wrs.)	<b>-</b>
	Length of Test	Tubing Pressure				Choke Size 5-22-92				
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCP Chy Op	Actual Prod. During Test	Oil - Bbls.	Water - Bbis.							
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate		Length of Test	Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved MAY 1 8 1992 Date Approved MAY 1 8 1992	I hereby certify that the rules and regula Division have been complied with and t	ations of the Oil Conservation that the information given ab	a.	Date	Approve	dM	AY 1 8		ИС	
Signature Gary L. Royal     Comptroller Comptroller     By     ORIGINAL SIGNED BY       Printed Name     Title     MIKE WILLIAMS      05/07/92     1-623-6133     Title       Date     Telephone No.	Gary L. (Boyal Comptroller Printed Name Title			11 D	By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT I					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 .

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.